CrossTimbers Background Check Statement of Compliance

This form must accompany the actual background checks that are sent to our office 2 weeks prior to camp.

New Background Check Policies

CrossTimbers Children's Camp requires that each church perform criminal background and sex offender checks on all sponsors 18 years and older attending with their group. *Oklahoma Baptists* defines a current background check as no more than 18 months old. Please visit www.crosstimbers.org (church information-forms) for IMPORANT information on what types of background checks you MUST perform. Please carefully read the **RED** and YELLOW FLAGGED INFORMATION. If a potential sponsor falls into the **RED** category, they **CANNOT come to camp**. If a potential sponsor falls into the YELLOW category, the **pastor must complete** the YELLOW FLAG OFFENSE FORM found on our website and attach it to the sponsors background check. The form is located under Church Information-Camp Forms on www.crosstimbers.org. All original background checks must accompany this form and be received in our office at least 2 weeks prior to camp.

The volunteering Adult Sponsors named below are known to the staff or recognized leadership of the participating church and the church knows of no reason why any should not serve as a sponsor for children and youth under the age of eighteen (18).

The participating church warrants that it has used_____(Name of Company) to perform a national criminal background check, a national sex offender registry search, and a state/county criminal background search on all Adult Sponsors. The participating church warrants it has run these checks within the last 18 months (from date of camp) and further verifies that it has brought no Adult Sponsor not listed on this form.

Names of all Adult Sponsors:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Church Name: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

_____ _____ _____

Sr. Pastor/Church Administrator | Name Printed | Date